and the second s

SPECIFIC-PURPOSE COMMITTEE 3598 FORM SPAC CAMPAIGN FINANCE REPORT COVER SHEET PG 1				
The SPAC Instruction Guide explains how to complete this form.  1ACCOUNT # (Ethics Commission filers)		2 Total pages filed:		
3 COMMITTEE NAME Shady Hollow Nomeowners Association		OFFICE USE ONLY		
Pursuant To	Sec. 253.062, 253.097		Date Received CT	
4 COMMITTEE ADDRESS	ADDRESS / POBOX APT / SUITE #	CITY: STATE ZIPCODE AUSTIN TX 78748	2 05 P	
5 CAMPAIGN	TITLE : FIRST	мі	HD / PM Amount	
TREASURER NAME	NICKNAME LAST	SUFFIX	Date Processed	
		33	Date Imaged	
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / St	UITE#; CITY; STATE;	ZIP CODE	
7 CAMPAIGN TREASURER'S MAILING ADDRESS	STREET OR PO BOX: APT / St	UITE#; CITY; STATE:	ZIP CODE	
Same as Above Change of Address (from Form STA)				
8 CAMPAIGN TREASURER PHONE	(5/2) 280 - 6	extension		
9 REPORT TYPE	January 15	30th day before election 8th day before election Runoff	Exceeded \$500 limit Dissolution (attach SPAC-DR)  10th day after campaign treasurer termination	
10 PERIOD COVERED	Month Day Year 8 / 3-5/97	THROUGH	Month Day Year 9 / 26 / 97	
11 ELECTION	ELECTION DATE ELEC  Month Day Year  11 / 4 / 97	TION TYPE Primary Runoff	General Special	
GO TO PAGE 2				

SPECIFIC-PURPOSE COMMITTEE REPORT: FORM SPAC PURPOSE AND TOTALS COVER SHEET PG 2			
12 COMMITTEE S	hady Hollow Homeowners Association	13 ACCOUNT # (Ethics Commission filers)	
14 NO REPORTABLE ACTIVITY	Check here if no reportable activity occurred during this reporting period. (Sign affidavit below:	and submit pages 1 and 2 only.)	
15 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$ 2063.96	
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  L MARIE WHITE Notary Public, State of Texas My Commission Expires MARCH 8, 2000  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said Some Notary Stamp by the Some Notary Stamp b			
Signature of officer	white L. MARIE WHITE administering oath Print name of officer administering oath Title	Northey. e of officer administering oath	
	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

LOANS	SCHEDULE E		
The Instruction Guide explains how to complete this form.	1 Total pages this Schedule E:		
· · ·	3 ACCOUNT # (Ethics Commission filers)		
2 FILER NAME	3 ACCOUNT # (Etnics Commission filers)		
TOTAL OF UNITEMIZED LOANS:	\$ \$ \$ \$		
5 Date of loan 7 Name of lender	state PAC 9 Loan Amount (\$)		
6 Is lender a B Lender address; City; State; Zip Code financial Institution?	10 Interest rate		
Y - N	11 Maturity date		
12 Description of Collateral			
none			
13 GUARANTOR 14 Name of guarantor INFORMATION	16 Amount Guaranteed (\$)		
□ not applicable 15 Guarantor address; City; State; Zip Code			
17 Principal Occupation 18 Em	ployer		
Date of loan Name of lender out of	state PAC Loan Amount (\$)		
Is lender a Lender address; City; State; Zip Code financial Institution?	Interest rate		
Y N	Maturity date		
Description of Collateral			
none	•		
GUARANTOR Name of guarantor INFORMATION	Amount Guaranteed (\$)		
Guarantor address; City; State; Zip Code			
Principal Occupation Em	ployer		
ATTACH ADDITIONAL COPIES ( If lender is out-of-state PAC, please see instructio			

## POLITICAL EXPENDITURES SCHEDULE F 1 Total pages this Schedule F: The Instruction Guide explains how to complete this form. 2 FILER NAME PURSUANT TO Sec. 253.062, 253.097 3 ACCOUNT # (Ethics Commission filers) Shady Hollow Homcowners Association, duc. Date 5 Payee name 8-25-97 Payee name THE PRINT SHOPPE 6 Payee address; City; State; Zip Code Amount \$ 1,800.93 1811 Capital Hung S., Austin, Tx 78746 8 Purpose of expenditure 9 - Complete if direct expenditure to benefit C/OH -Candidate / Officeholder name Printing letters Mail distribution Payee name Amount Miller Blue Print Payee address; City; State; Zip Code 501 W. 674 ST., Austin, Tx 78701 Purpose of expenditure → Complete if direct expenditure to benefit C/OH → Candidate / Officeholder name Copying Maps Payee name OULT PriNT Pavee address; City; State; Zip Code Amount 2804 - A Bee Caves, Austin, TX Purpose of expenditure · Complete if direct expenditure to benefit C/OH · Candidate / Officeholder name Office sought / held PrINT FLYERS Date Payee name **Amount** (\$) City; State; Zip Code Purpose of expenditure · Complete if direct expenditure to benefit C/OH ·· Office sought / held Candidate / Officeholder name ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED